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7590 06/25/2009						
Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Framingham, MA 01701-9322						(Depositor's name)
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		1.444	grandina 🗀		· · · · · · · · · · · · · · · · · · ·	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,620	10/25/2001		Abraham Scaria		5046US	2242
TITLE OF INVENTION: METHODS FOR TREATING BLOOD COAGULATION DISORDERS						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F		
nonprovisional	NO NO	\$1510	\$300	\$0 <b>¬</b>	\$1810	09/25/2009
EXAM		ART UNIT	CLASS-SUBCLASS	_		
WEHBE, ANNE MARIE SABRINA 1633			514-044000			· · · · · · · · · · · · · · · · · · ·
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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4a. The following fee(s) are submitted:    Same Fee   A check is enclosed.   Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1074 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  \[ \begin{align*}  \text{ \te						
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Authorized Signature	/Jennifer I	). Tousignant/	<u> </u>	Date Sept	ember 25, 2009	<del>.</del>
		). Tousignant			54,498	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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